

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/574519**

FILING DATE

**APR 03, 2006**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
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TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			35			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
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93				/		
94				/		
95				/		
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97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	5	←		←
TOTAL CLAIMS			5			

PTO - 1360 (REV. 11/04)

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